

CITY OF SANTA CLARA
NEIGHBORHOOD CONSERVATION AND IMPROVEMENT PROGRAM APPLICATION

This application is to be completed as thoroughly as possible for consideration of your acceptance in the Neighborhood Conservation and Improvement Program. Approval of funding assistance is subject to the availability of funds. Preference of the Housing Rehabilitation Program Loan Committee is to serve the community's most needy and lowest income applicants. If you have questions or require assistance in completing this application, please contact the Housing and Community Services Division at (408) 615-2490.

DOCUMENTATION: If you or other household residents filed a Federal Income Tax Return for the previous tax year, attach a copy of those returns to this application. **These are required to substantiate income eligibility.**

SOCIAL SECURITY INCOME can be verified by requesting Verification of Income from Social Security Offices @ (800) 772-1213. **Include this documentation with your application.**

INCOME GUIDELINES: Please review the attached income guidelines. Eligibility is based on the moderate income figures by family size.

SIGNED APPLICATIONS SUBMITTED WITHOUT

- 1. SUPPORTING DOCUMENTATION OF HOUSEHOLD INCOME**
 - 2. A SIGNED HOLD HARMLESS AGREEMENT (Pg. 5)**
- CANNOT BE CONSIDERED FOR PROGRAM ELIGIBILITY.**

Have you EVER applied to or received funding from this program previously? ☐ **YES** ☐ **NO**

ANTICIPATED REPAIRS (Check Appropriate Boxes)

Bath	[]	Brick Work	[]	Concrete	[]	Dryrot Damage	[]	Weatherproofing	[]
Electrical	[]	Foundation	[]	Handicapped Access	[]	Painting	[]	Insulation	[]
Plumbing	[]	Reroofing	[]	Termite Damage	[]	Windows	[]	Flooring	[]
Tile Work	[]	Garage Door	[]	Kitchen	[]				

Other (Describe) _____

GENERAL INFORMATION

Applicant's Name: _____ Age: _____ SSN: _____
Last First MI

Spouse's Name: _____ Age: _____ SSN: _____
Last First MI

Address: _____ Zip: _____

Home Telephone: _____ Business Telephone: _____

Emergency Contact: _____ Phone: _____

Is this a single family home? ☐ **YES** ☐ **NO** Flood Insurance? ☐ **YES** ☐ **NO** Do you carry homeowners' insurance? ☐ **YES** ☐ **NO**

Approximate year home was built _____ Number of Bedrooms _____

Number of People in Household: _____ Estimated Value of Home \$ _____ Estimated Equity of Home \$ _____

Names, Ages, and SSN's of other individuals living in the household _____

Name(s) on Title: _____

For Staff Use Only – DO NOT WRITE WITHIN THIS AREA

Eligible @ 30% _____ 50% _____ 80% _____ Ineligible _____ APP. LOG NO. _____

Approved By: _____ Date _____ CLIENT # _____

Staff Analyst

HOUSEHOLD ANNUAL (YEARLY) GROSS INCOME

Annual (yearly) Gross Income of Each Household Resident by Source:

	<u>Applicant</u>	<u>Spouse</u>	<u>Others</u>	<u>Total</u>
Wages or Salary	\$_____	\$_____	\$_____	\$_____.
Social Security	\$_____	\$_____	\$_____	\$_____.
SSI	\$_____	\$_____	\$_____	\$_____.
Retirement	\$_____	\$_____	\$_____	\$_____.
Disability	\$_____	\$_____	\$_____	\$_____.
Pension	\$_____	\$_____	\$_____	\$_____.
Alimony/Child Support	\$_____	\$_____	\$_____	\$_____.
Investment Income	\$_____	\$_____	\$_____	\$_____.
Other Income	\$_____	\$_____	\$_____	\$_____.
<u>TOTAL</u>	\$_____	\$_____	\$_____	\$_____.

MONTHLY HOUSING COST CRITERIA

Calculating Estimated Monthly Housing Costs:

Principal & Interest: All Monthly Mortgage Payments	\$_____
Property Taxes & Assessments	\$_____
Property Insurance	\$_____
Utility Allowance (see table below)	\$_____
Maintenance & Repairs (see table below)	\$_____
Homeowners Association Dues	\$_____
Private Mortgage Insurance	\$_____
<u>TOTAL ESTIMATED MONTHLY HOUSING COST</u>	<u>\$_____</u>

<u># of Bedrooms</u>	<u>Utilities Allowance</u>	<u>Maintenance (*) Allowance</u>
0	\$65	\$100
1	\$107	\$100
2	\$138	\$130
3	\$185	\$150
4	\$211	\$150

(*) If homeowners association dues include maintenance of the exterior of the property, an allowance for maintenance is not necessary.

IMPORTANT - READ BEFORE SIGNING

I (WE) CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE(S)

_____ DATE _____

_____ DATE _____

- **If this application has been prepared by someone other than the applicant(s), or if assistance has been given to the applicant(s), please complete the following:**

Name of person preparing or assisting with the application: _____

Relationship to applicant(s): _____ Would you like to be present at the home visit? ☐ YES ☐ NO

Daytime Phone Number: _____

VOLUNTARY RACIAL / ETHNIC SELF-IDENTIFICATION

ETHNICITY (Check Only One)	
Hispanic or Latino	
Not Hispanic or Latino	
RACE CATEGORIES (Check Only One Race Category)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
American Indian or Alaska Native <i>and</i> White	
Asian <i>and</i> White	
Black or African American <i>and</i> White	
American Indian or Alaska Native <i>and</i> Black or African American	
Balance/Other	

PLEASE RETURN COMPLETED APPLICATION TO:

**CITY OF SANTA CLARA
HOUSING AND COMMUNITY SERVICES DIVISION
1500 CIVIC CENTER DRIVE
SANTA CLARA, CA 95050**

For Staff Use Only – DO NOT WRITE WITHIN THIS AREA

To qualify for a housing rehabilitation loan from the Agency, Applicant's total estimated monthly housing cost may not exceed Affordable Monthly Housing Cost, defined as:

- 30% of 70% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Lower Income** (80% AMI) households.
- 30% of 50% of area median income, divided by 12 and adjusted for household size appropriate for the size of the home for **Very Low Income** (50% AMI) households.

Determine Applicant's Household Income Category according to chart listed below.

(Incomes listed below are maximum amounts for each category dependent on size of household)

<u>Household Size</u>	<u>Very-Low (50% AMI) Income Limit</u>	<u>Lower (80% AMI) Income Limit</u>
1	\$37,150	\$59,400
2	\$42,450	\$67,900
3	\$47,750	\$76,400
4	\$53,050	\$84,900
5	\$57,300	\$91,650
6	\$61,550	\$98,450
7	\$65,800	\$105,250

- Income categories for Santa Clara County effective March 2006 as published by California Department of Housing and Community Development.
- Figures provided and annually updated by Agency.

Is total estimated monthly housing cost of Applicant at or below Affordable Monthly Housing Cost for Applicant's Household Income Category? ☐ **Yes** ☐ **No**

-----AFFORDABLE MONTHLY HOUSING COST*-----		
<u>Home Size (No. of bedrooms)</u>	<u>Very Low Income Housing Cost</u>	<u>Lower Income Housing Cost</u>
0	\$929	\$1,485
1	\$1,061	\$1,698
2	\$1,194	\$1,910
3	\$1,326	\$2,123
4	\$1,433	\$2,291

- # persons = # bedrooms plus one
- Figures provided and annually updated by Agency.